

Kaiser Permanente Medical Care Program
Walnut Center
Pasadena, California 91188



December 8, 1995

David Werdegar, M.D., M.P.H.
Office of Statewide Health Planning and Development
Health Policy and Planning Division
1600 9th Street, Room 400
Sacramento, California 95814

Dear Dr. Werdegar:

The Kaiser Permanente Medical Care Program, Southern California Region, would like to thank the Office of Statewide Health Planning and Development (OSHDP), and its contractors, for their 1994 report designed to assess quality of care delivered to AMI patients in California hospitals. We applaud the state for having validated the AMI mortality outcome measure and are pleased that these results continue to reflect the high-quality care provided at Kaiser Foundation Hospitals.

As in the first OSHDP study released in 1993, mortality rates following an AMI at our Panorama City, San Diego, and Bellflower Kaiser Foundation Hospitals' continue to be statistically favorable to the statewide rate, even with the more stringent statistical test level of .01. Low mortality rates were also seen at the other seven Kaiser Foundation Hospitals-Southern California Region(KFH-SCR). Our own calculations show the regional mortality rate for all ten of our hospitals combined was statistically favorable to the statewide rate. Because the outcome measure for AMI is well-defined, precise, and has been validated, we believe that these results are due more to our model of practice and less to chance or data inadequacies.

In our hospitals, extensive quality assurance and peer review programs are in place. Because all hospitals have in-house cardiologists readily available to hospital patients within minutes, thrombolytic therapy can begin quickly. Guidelines for thrombolytic therapy are in place and our own in-house data show that eighty to ninety percent (80-90%) of AMI patients at our hospitals eligible for thrombolytic therapy receive such treatment. We have an ongoing regional benefit/cost analysis of practice patterns using cardiac catheters. Continuing education is stressed within the Kaiser Permanente Medical Care Program and we are continually reviewing best practices from Kaiser Foundation Hospitals that provide the best care to members for their dollars spent.

We applaud the passage of recent legislation which will identify on the discharge abstract patient conditions upon presentation with suspected AMI. We also believe the requirement to code any DNR (do not resuscitate) instructions further refines the

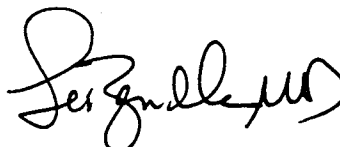
outcome variable of mortality in a very positive way. These changes will make the state's analyses much fairer to all hospitals in California in future reports.

In closing, we look forward to future reports that will reflect improvements to the methodology, the data, and most importantly the quality of care provided at hospitals. The Kaiser Permanente Medical Care Program is committed to quality improvement in all these areas and looks forward to seeing the results of our efforts accurately and fairly reported in future reports.

Sincerely,



Edgar T. Carlson
Vice President and Regional Hospital Administrator
Kaiser Foundation Hospitals
Southern California Region



Les Zendle, MD.
Associate Medical Director, Clinical Services
Southern California Permanente Medical Group